



POTENTIAL HAZARDOUS WASTE SITE
PRELIMINARY ASSESSMENT
PART 1 - SITE INFORMATION AND ASSESSMENT

NY 0980289375
I. IDENTIFICATION
01 STATE NY 02 SITE NUMBER NEW

II. SITE NAME AND LOCATION

01 SITE NAME (Legal, common, or descriptive name of site) Rikers Island		02 STREET, ROUTE NO., OR SPECIFIC LOCATION IDENTIFIER Rikers Island			
03 CITY New York	04 STATE NY	05 ZIP CODE 11370	06 COUNTY Bronx	07 COUNTY CODE	08 CONG DIST
09 COORDINATES LATITUDE 40° 47' 30.0" N		LONGITUDE 073° 52' 45.0" W			

10 DIRECTIONS TO SITE (Starting from nearest public road)

Rikers Island Bridge from East Elmhurst, Queens, New York.

III. RESPONSIBLE PARTIES

01 OWNER (if known) City of New York		02 STREET (Business, mailing, residential) 225 Broadway			
03 CITY New York	04 STATE NY	05 ZIP CODE 10007	06 TELEPHONE NUMBER (212) 374-7935		
07 OPERATOR (if known and different from owner) Dept. of Correction		08 STREET (Business, mailing, residential) 16-16 Hazen Street			
09 CITY East Elmhurst	10 STATE NY	11 ZIP CODE 11370	12 TELEPHONE NUMBER (212) 726-8114		

13 TYPE OF OWNERSHIP (Check one)

☐ A. PRIVATE ☐ B. FEDERAL: _____ (Agency name) ☐ C. STATE ☐ D. COUNTY ☒ E. MUNICIPAL
☐ F. OTHER: _____ (Specify) ☐ G. UNKNOWN

14 OWNER/OPERATOR NOTIFICATION ON FILE (Check all that apply)

None on file

☐ A. RCRA 3001 DATE RECEIVED: ____/____/____ MONTH DAY YEAR ☐ B. UNCONTROLLED WASTE SITE (CERCLA 103 c) DATE RECEIVED: ____/____/____ MONTH DAY YEAR ☐ C. NONE

IV. CHARACTERIZATION OF POTENTIAL HAZARD

01 ON SITE INSPECTION <input checked="" type="checkbox"/> YES DATE 4 15 83 MONTH DAY YEAR <input type="checkbox"/> NO		BY (Check all that apply) <input type="checkbox"/> A. EPA <input checked="" type="checkbox"/> B. EPA CONTRACTOR <input type="checkbox"/> C. STATE <input type="checkbox"/> D. OTHER CONTRACTOR <input type="checkbox"/> E. LOCAL HEALTH OFFICIAL <input type="checkbox"/> F. OTHER: _____ (Specify) CONTRACTOR NAME(S): NUS Corporation			
02 SITE STATUS (Check one) <input checked="" type="checkbox"/> A. ACTIVE <input type="checkbox"/> B. INACTIVE <input type="checkbox"/> C. UNKNOWN		03 YEARS OF OPERATION 1920 active BEGINNING YEAR ENDING YEAR <input type="checkbox"/> UNKNOWN			

04 DESCRIPTION OF SUBSTANCES POSSIBLY PRESENT, KNOWN, OR ALLEGED

Alleged burial of chemical wastes, paints and solvents.

05 DESCRIPTION OF POTENTIAL HAZARD TO ENVIRONMENT AND/OR POPULATION

The island is composed of fill material and has a total inmate and employee population of 13,000. Improper burial of wastes may result in exposure.

V. PRIORITY ASSESSMENT

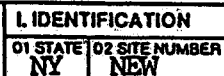
01 PRIORITY FOR INSPECTION (Check one. If high or medium is checked, complete Part 2 - Waste Information and Part 3 - Description of Hazardous Conditions and Incidents)

☐ A. HIGH (Inspection required promptly) ☒ B. MEDIUM (Inspection required) ☐ C. LOW (Inspect on time available basis) ☐ D. NONE (No further action needed, complete current disposition form)

VI. INFORMATION AVAILABLE FROM

01 CONTACT Mark Haulenbeek		02 OF (Agency, Organization) EPA, Edison		03 TELEPHONE NUMBER (201) 321-6685	
04 PERSON RESPONSIBLE FOR ASSESSMENT Edward F. McTiernan		05 AGENCY	06 ORGANIZATION NUS Corp.	07 TELEPHONE NUMBER (201) 225-6160	08 DATE 4 18 83 MONTH DAY YEAR





<input checked="" type="checkbox"/> A. TOXIC	<input checked="" type="checkbox"/> E. SOLUBLE	<input checked="" type="checkbox"/> I. HIGHLY VOLATILE
<input type="checkbox"/> B. CORROSIVE	<input type="checkbox"/> F. INFECTIOUS	<input type="checkbox"/> J. EXPLOSIVE
<input type="checkbox"/> C. RADIOACTIVE	<input checked="" type="checkbox"/> G. FLAMMABLE	<input type="checkbox"/> K. REACTIVE
<input checked="" type="checkbox"/> D. PERSISTENT	<input type="checkbox"/> H. IGNITABLE	<input type="checkbox"/> L. INCOMPATIBLE
		<input type="checkbox"/> M. NOT APPLICABLE

EPA FORM 2070-13 (7-81)



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PART 3 - DESCRIPTION OF HAZARDOUS CONDITIONS AND INCIDENTS

I. IDENTIFICATION

01 STATE 02 SITE NUMBER
NY NEW

II. HAZARDOUS CONDITIONS AND INCIDENTS

01 ☐ A. GROUNDWATER CONTAMINATION 02 ☐ OBSERVED (DATE: _____) ☐ POTENTIAL ☐ ALLEGED
03 POPULATION POTENTIALLY AFFECTED: _____ 04 NARRATIVE DESCRIPTION

No potential exists

01 ☒ B. SURFACE WATER CONTAMINATION 02 ☐ OBSERVED (DATE: _____) ☒ POTENTIAL ☐ ALLEGED
03 POPULATION POTENTIALLY AFFECTED: _____ 04 NARRATIVE DESCRIPTION

There are no surface waters on Rikers Island. Potential release of contaminants may affect local estuarine waters.

01 ☒ C. CONTAMINATION OF AIR 02 ☐ OBSERVED (DATE: _____) ☒ POTENTIAL ☐ ALLEGED
03 POPULATION POTENTIALLY AFFECTED: 13,000 04 NARRATIVE DESCRIPTION

Alleged improper burial of chemicals and hazardous wastes may result in contamination of air.

01 ☐ D. FIRE/EXPLOSIVE CONDITIONS 02 ☐ OBSERVED (DATE: _____) ☐ POTENTIAL ☐ ALLEGED
03 POPULATION POTENTIALLY AFFECTED: _____ 04 NARRATIVE DESCRIPTION

No potential exists

01 ☐ E. DIRECT CONTACT 02 ☐ OBSERVED (DATE: _____) ☐ POTENTIAL ☐ ALLEGED
03 POPULATION POTENTIALLY AFFECTED: _____ 04 NARRATIVE DESCRIPTION

No potential exists

01 ☒ F. CONTAMINATION OF SOIL 02 ☒ OBSERVED (DATE: 4/15/83) ☐ POTENTIAL ☐ ALLEGED
03 AREA POTENTIALLY AFFECTED: 500 04 NARRATIVE DESCRIPTION
(Acres)

The entire island is basically fill material from refuse disposal practices during the early 1900s. There is a 2 acre active landfill on the island.

01 ☐ G. DRINKING WATER CONTAMINATION 02 ☐ OBSERVED (DATE: _____) ☐ POTENTIAL ☐ ALLEGED
03 POPULATION POTENTIALLY AFFECTED: _____ 04 NARRATIVE DESCRIPTION

Drinking water for Rikers Island is supplied from the New York City water supply system.

01 ☒ H. WORKER EXPOSURE/INJURY 02 ☐ OBSERVED (DATE: _____) ☐ POTENTIAL ☒ ALLEGED
03 WORKERS POTENTIALLY AFFECTED: +10 04 NARRATIVE DESCRIPTION

Alleged use of city employees to bury wastes on the island may have resulted in worker exposure.

01 ☒ I. POPULATION EXPOSURE/INJURY 02 ☐ OBSERVED (DATE: _____) ☒ POTENTIAL ☐ ALLEGED
03 POPULATION POTENTIALLY AFFECTED: 13,000 04 NARRATIVE DESCRIPTION

If chemical contaminants are present and enter the atmosphere the inmate and employee populations on the island may potentially be affected.



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I. IDENTIFICATION

01 STATE NY 02 SITE NUMBER NEW

II. HAZARDOUS CONDITIONS AND INCIDENTS (Continued)

01 ☐ J. DAMAGE TO FLORA
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

No potential exists

01 ☒ K. DAMAGE TO FAUNA
04 NARRATIVE DESCRIPTION (Include name(s) of species)

02 ☐ OBSERVED (DATE: _____)

☒ POTENTIAL

☐ ALLEGED

Release of contaminants may result in damage to fauna.

01 ☒ L. CONTAMINATION OF FOOD CHAIN
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: _____)

☒ POTENTIAL

☐ ALLEGED

If contaminants are present and enter the East River, aquatic food chains may be impacted.

01 ☒ M. UNSTABLE CONTAINMENT OF WASTES
(Spills/Runoff/Standing liquids, Leaking drums)

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☒ ALLEGED

03 POPULATION POTENTIALLY AFFECTED: 13,000 04 NARRATIVE DESCRIPTION

Alleged improper burial of wastes may affect the inmate and employee populations of the island.

01 ☐ N. DAMAGE TO OFFSITE PROPERTY
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

No potential exists

01 ☐ O. CONTAMINATION OF SEWERS, STORM DRAINS, WWTPs
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

There are no sewers or WWTPs on Rikers Island.

01 ☒ P. ILLEGAL/UNAUTHORIZED DUMPING
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☒ ALLEGED

Rikers Island maintenance employee alleges that the city has buried numerous chemicals and chemical wastes on the island.

05 DESCRIPTION OF ANY OTHER KNOWN, POTENTIAL, OR ALLEGED HAZARDS

See comments Part II.

III. TOTAL POPULATION POTENTIALLY AFFECTED: 13,000

IV. COMMENTS

A Rikers Island maintenance employee has reported to the EPA that the City Dept. of Corrections illegally dumped hazardous wastes on Rikers Island.

V. SOURCES OF INFORMATION (Cite specific references, e. g., state files, sample analysis, reports)

Site Inspection
EPA, Environmental Services Division, Edison, NJ files